

FILED AUG 12 1941

State File No. _____

Registration District No. 773

Primary Registration District No. 60184

Registrar's No. 113

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural St. Francois Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Emma Viola Reiner

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Reiner 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 27 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 14 If less than one day hrs. min.

9. Birthplace Womack (St. Francois County, Missouri)
(City, town, or county) (State or foreign country)

10. Usual occupation homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Tucker
13. Birthplace St. Francois Cty, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson
15. Birthplace St. Francois Cy, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Reiner
(b) Address Womack, Missouri

17. (a) Burial (b) Date thereof July 13, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Womack Missouri

18. (a) Signature of funeral director Farmin gton
(b) Address Missouri

19. (a) 7-11-41 (b) 137 Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Womack P.O.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from May 20 1941 to July 11 1941
that I last saw h. er alive on July 10 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma gallbladder Duration 2-3 mo

Due to _____

Due to _____

Other conditions ascites
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Kael (M. D. or other) 0
Address Dex log Date signed 7-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4084

P. O. Address. Farmington, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.